** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For th	e 2020 calendar year, or tax year beginning and endi	ling						
В	Check if applicab			D Employer identific	ation number				
		ROCK CREEK RESEARCH & DEVELOPMENT							
H	chang Name			21 00047	1.6				
<u></u>	lchang lnitial	Doing business as	/ '4-	31-090473					
E	return Final _return	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone number					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,361,779.					
	Amen return			H(a) Is this a group return					
	Applie	F Name and address of principal officer: JAMES MCCART 1		for subordinates'	? Yes X No				
	pendi	SAME AS C ABOVE	ow	H(b) Are all subordinates in	cluded? Yes No				
1	Tax-ex	empt status: X 501(c)(3)	527	If "No," attach a	list. See instructions				
_		te: WWW.LLRESEARCH.ORG		H(c) Group exemption	number 🕨				
		The state of the s	L Year o		State of legal domicile: KY				
	art I	Summary	W. Se	90.000.0000000	propagation Marchallachillater (page 1 of marchallachies in propility				
0	1	Briefly describe the organization's mission or most significant activities: DISCOVE	ERIN	G AND SHARII	1G				
Governance		PHILOSOPHY TO AID IN THE SPIRITUAL EVOLUTION	ON O	F HUMANKIND	•				
rna	2	Check this box if the organization discontinued its operations or disposed of the continued its operations.	of more	than 25% of its net as:	sets.				
o e	3	Number of voting members of the governing body (Part VI, line 1a)	3	5					
Ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4				
S &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		Lendone TI, Abdania (Microsoft Humanista), and a second rate and c	2				
/ţţ	6	Total number of volunteers (estimate if necessary)			66				
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
∢	1	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		49,277.	123,069.				
	9	Program service revenue (Part VIII, line 2g)		26,507.	3,540.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		140,578.	17,652.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		115,528.	220,235.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6	331,890.	364,496.				
83297	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	6,290.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2000	0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2000	97,212.	114,822.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
per		Total fundraising expenses (Part IX, column (D), line 25)							
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		114,475.	116,788.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		211,687.	237,900.				
	1	Revenue less expenses. Subtract line 18 from line 12		120,203.	126,596.				
or es		Trovendo 1000 0xperiodo. Cabardor into 10 front into 12		ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,469,402.	1,625,114.				
Ass	21	Total liabilities (Part X, line 16)	2002	0.	2,820.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,469,402.	1,622,294.				
	art II	Signature Block		1/103/1011	1702272311				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of my	knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which p			into modgo ama bonon, icio				
truo	, 001100	L Social and Complete, Boolaration of property (Carlot and Carlot) to bacca on an information of minoring	propuror	That any knowledge:	7 11 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Sig	n	Signature of officer	ALL DESCRIPTION OF THE PARTY OF	Date					
Her		JAMES MCCARTY, PRESIDENT							
Hei	C	Type or print name and title	* E E *		The second secon				
	N 10 - 7	Print/Type preparer's name Preparer's signature	D	ate Check	PTIN				
Paid	ı	JEFFREY K MCCAFFREY		if self-employer					
	arer	Firm's name DEMING MALONE LIVESAY & OSTROFF PS	SC		51-1064249				
	Only	Firm's address 9300 SHELBYVILLE RD STE 1100		THIIISLIN	/ 				
000	Jiny	LOUISVILLE, KY 40222-5187		Phone no (5)	02)426-9660				
Mar	, tha II	RS discuss this return with the preparer shown above? See instructions		Traone no. (3 (
ivia	, me II	no discuss this return with the preparer shown above? See instructions			X Yes No				

Note that the totals on Lines 10, 12, 20, and 22, along with net asset totals given elsewhere, include funds from an endowment gifted to L/L Research in 2018 by an incredibly generous anonymous donor, along with the investment income accrued from that endowment. In both cases, these funds are restricted and are not available for spending, but rather remain in long-term investments to ensure the security of L/L Research's longevity.

For more information on this endowment, see the Yellow-Ray Information page on our archive website.

- 151,898. including grants of \$ 6,290.) (Revenue \$) (Expenses \$ 3,540.)WE SERVE SPIRITUAL SEEKERS THROUGH VARIOUS MEANS, INCLUDING: HOLDING WEEKLY SILENT AND CHANNELING MEDITATIONS TO GENERATE MATERIAL FOR OUR LIBRARY, SERVE THE LOCAL COMMUNITY, AND HOST VISITORS; REPLYING TO ALL SEEKER EMAILS REQUESTING RESOURCES, ASKING QUESTIONS, AND SHARING STORIES; SHARING OUR MATERIAL FOR FREE VIA WEBSITES AND SOCIAL MEDIA; MAINTAINING A COMMUNITY WEBSITE FOR SEEKERS TO CONNECT, SHARE, AND DISCUSS IN FORUMS, CHAT ROOMS, BLOGS, AND MAPS; PRODUCING AND HOSTING WORKSHOPS AND GATHERINGS FOR SEEKERS FROM AROUND THE WORLD TO MEET CONNECT AND LEARN; PRODUCING A REGULAR AND FREE PODCAST TO DISCUSS OUR MATERIAL; RUNNING A PRISON MINISTRY TO SERVE INCARCERATED SEEKERS; MAINTAIN AN ONLINE COURSE; AND OFFERING DAILY AND WEEKLY REPORTS OF OUR WORK ON OUR WEBSITES.
- - WE PUBLISH OUR BOOKS WHICH INCLUDES CREATING, EDITING, DESIGNING, FORMATTING, AND SELF-PUBLISHING PRINTED BOOK, EBOOKS, AND AUDIOBOOKS; MANAGING AN ONLINE STORE TRANSACTIONS, INVENTORY, BOOK SHIPPING, AND CUSTOMER SERVICE; WORKING WITH DOMESTIC PUBLISHERS FOR SOME OF OUR TITLES; WORKING WITH SATELLITE STATIONS TO LICENSE THE MATERIAL FOR TRANSLATION, PUBLICATION, AND SALE IN OTHER COUNTRIES; WORK WITH FOREIGN PUBLISHERS FOR THE FOREIGN-LANGUAGE RIGHTS.
- 4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

4e Total program service expenses ▶

206,620.

Form 990 (2020)

Form 990 (2020) LABS, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
а	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		_X_
124	Only and the D. Don't Mills and Mills	40		37
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u>X</u>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	400		v
13	to the approximation and both described to another 4700 VAVANCO (CIDA - III -	12b		X
14a	Did the experientian maintain on office application of the Line Co. 1	13		_X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
.,	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	As the second se	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Form 990 (2020) LABS, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		
24 2	Schedule J	23		X
2 +a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.40		\vdash
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ĺ
ı al	Charle if Cahadula O cantains a resource and the transition in this Dark V			 1
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Box 2 of Form 1006. Fator 0, if not applied to		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 3	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C		4-	х	
	(gambling) winnings to prize winners?	1c	Λ	

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За		3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b				4, 37						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b										
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).			х						
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	7.1							
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
D	Gross income from other sources (Do not net amounts due or paid to other sources against									
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-								
		12a	, ,							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	420								
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
D	organization is licensed to issue qualified health plans									
^	Enter the amount of reserves on hand 13c									
	Did it is a contract of the co	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		- 47						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.	.5								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									

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Form 990 (2020) LABS, INC. 31-0904716 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		1.7
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	113	
	officer, director, trustee, or key employee?	2] ;	х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00	-21	
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			- 21
	the first and the section and		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUA		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	- 21
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ŭ	in Schedule O how this was done	12c		
13		13		X
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X
 15	Did the process for determining compensation of the following persons include a review and approval by independent	14	1.4	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ļ	
а	The organization's CEO, Executive Director, or top management official	150		v
		15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
·ou		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		40.	1	
Sec	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶KY			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	le opli) aveil-	
.0	for public inspection. Indicate how you made these available. Check all that apply.	jo orny	, availa	inie
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fi	اماما	
פו	statements available to the public during the tax year.	u iinan	cial	
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION -		1991	
	THE ORGANIZATION -			

Form **990** (2020)

Form 990 (2020)

LABS, INC.

31-0904716

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organizatio (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١,,	Position					Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an				th an	compensation	compensation	amount of
	week	-	officer and a director/trustee)				stee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	99			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		8	npens		(W-2/1099-MISC)		organization
	below	ual tr	tional		yoldı	t con				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GARY BEAN	50.00	_			-	1 0	"			
EXECUTIVE DIRECTOR	30.00	X		Х				50,263.	0.	11,773
(2) JAMES MCCARTY	40.00	21		23		-		30,203.	<u> </u>	11,//3
PRESIDENT	10.00	x		х				0.	0.	0
(3) F. MORRIS HOAGLAND	5.00	21		22				0.	U • 1	0 .
VICE PRESIDENT/BOARD CHAIR	3.00	Х		Х				0.	0.	0
(4) STEVE ENGRATT	5.00	23	 	-22		 	 	0.	U •	0.
TREASURER	3.00	х		Х				0.	0.	0
(5) BEATRIZ GONZALES	5.00	77		Δ.				0.	0.	0 .
SECRETARY	3.00	х		х				0.	0.	0
SECRETARI		Λ		Λ				0.	0.	0.
	7					 				

-										

									w.	W
			_	_						
								119		7777

Form **990** (2020)

LABS, INC.

Page 8

	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	<u>, an</u>	a H	ighe	st C		es (continued)			
	(A)	(B)			Pos	C)	,		(D)	(E)		(F)	
	Name and title	Average hours per		not c	check	more	than		Reportable	Reportable			
		week					is bot or/trus		compensation from	compensation from related	a	amoun	
		(list any	cţo						the	organizations	COL	othe mpens	
		hours for	rdire				ted		organization	(W-2/1099-MISC)	I .	from t	
		related	stee o	rustee			ensa		(W-2/1099-MISC)		or	ganiza	tion
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					nd rela	
		line)	divid	stituti	Officer	y em	ghest	Former			orç	ganiza	tions
		,	=	<u>=</u>	 °	- <u>\$</u>	王西	<u></u>			+		
						-					+		
			ĺ										
				-							-		
•											-		
										N 1999	+-		
										200	1		
						L							
									311	***************************************			
											1		
1b	Subtotal						l	>	50,263.	0.	. 1	1,7	73.
С	Total from continuation sheets to Part VII	, Section A					J		0.	0.			0.
<u>d</u>	Total (add lines 1b and 1c)				·····		1		50,263.	0.	. 1	1,7	73.
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
	compensation from the organization												0
_	5 .1.1											Yes	No
3	Did the organization list any former officer, o							-		•			
	line 1a? If "Yes," complete Schedule J for su										3		X
4	For any individual listed on line 1a, is the sur	n of reportable	e co	mpe	nsa	tion	and	oth	er compensation from t	he organization			
_	and related organizations greater than \$150,	,000? If "Yes,"	cor	nple	te S	che	dule	J fc	or such individual		4	ļ	X
5	Did any person listed on line 1a receive or ac							elate	ed organization or individ	dual for services			
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	ilete Schedule	Jto	or su	ch p	ers	on				5		X
1		noncotod in -l	000	nd-	a+ c -	n-1		10 ti	not receive at 11 d	24.00.000			
•	Complete this table for your five highest community the organization. Report compensation for the										ation	trom	
	(A)	ie calendal ye	are	Hall	ig w	ILI I	DI VVII	11111		ear.		~	
	Name and business a	address	NO	NE					(B) Description of se	ervices) Compe	C) ensatio	n
		744	110	11111									
									Vac Vac				

								7					····
				-									
2	Total number of independent contractors (ind	cluding but no	t lim	nited	to t	hos	e list	ed a	above) who received mo	ore than		19.11.9	
	\$100,000 of compensation from the organiza					0							
												000 //	2000

Form 990 (2020) Part V

III	Statement of Revenue	
8 B B	Statement of Revenue	

			Check if Schedule O	con	tains a res	ponse	or note to any lin	e in this Part VIII	****************************		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
fts, Grants Amounts	1	b c	Membership dues Fundraising events		1b						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (conti All other contributions, gifts,	ribu grar	nts, and		123,069,				
ontrib nd Oth			Noncash contributions included in					A SAN			
O B		<u>h</u>	Total. Add lines 1a-1f			*********	T	123,069.	20.00	100 0	1941 1
Service iue	2	b	GATHERING & WORKSHO				Business Code 519100	3,540.	3,540.		
Program Service Revenue		d e	All other program consists					THE CANADA SECTION			
-		f All other program service revenue						· · · · · · · · · · · · · · · · · · ·		7,	
			Total. Add lines 2a-2f					3,540.			
	3		Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p					12,585.			12,585.
	5		Royalties					204,287.	204,287.		44.00.4.44.0
					(i) Re		(ii) Personal		The State of the S		
	6		b Less: rental expenses 6b								
		С	Rental income or (loss)	6с			1,000,000,000,000,000				
		d	Net rental income or (loss))							
	7	а	Gross amount from sales of		(i) Secu	ities	(ii) Other				
			assets other than inventory	7a	1,000	971.	V 10000 0000000000000000000000000000000				
1		b	Less: cost or other basis		•						
e l			and sales expenses	7b	995	904.					
l en		С		7c	1	067.		1 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Be			Net gain or (loss)					5,067.			5,067.
Other Revenue	8		Gross income from fundraisir including \$	ng e\	ents (not of						
		b	contributions reported on Part IV, line 18								
			Net income or (loss) from						25,471		- Table 1
	9	а	Gross income from gamin	g ac	tivities. Se	e 9a					
			Less: direct expenses Net income or (loss) from								
	40			_	•	es					- X - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
	10		Gross sales of inventory, lead allowances				-				
			Net income or (loss) from				1,379.	15 040	15.040		
Miscellaneous Revenue	11		Net income of (loss) from s				Business Code	15,948.	15,948.		
nue	5.45	b								, , , , , , , , , , , , , , , , , , ,	
eve		c									
<u>3</u>						200 CONTRACTOR (-		72000000	
2			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					364.496.	223,775.	0.	17.652.
nasono				.,,,				504,450,	443,113,	U.	Eorm QQQ (2020)

Note that the totals on Lines 3 and 12, along with net asset totals given elsewhere, include funds from an endowment gifted to L/L Research in 2018 by an incredibly generous anonymous donor, along with the investment income accrued from that endowment. In both cases, these funds are restricted and are not available for spending, but rather remain in long-term investments to ensure the security of L/L Research's longevity.

For more information on this endowment, see the Yellow-Ray Information page on our archive website.

Form 990 (2020) LABS, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,290.	6,290.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	62,035.	62,035.		10-10-10-10-10-10-10-10-10-10-10-10-10-1
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			/100	
7	Other salaries and wages	41,414.	41,414.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,004.	4,004.		
10	Payroll taxes	7,369.	7,369.	(6)	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	19,300.		19,300.	
С	Accounting	3,100.		3,100.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,819.		5,819.	1981
g	Other. (If line 11g amount exceeds 10% of line 25,				***************************************
	column (A) amount, list line 11g expenses on Sch O.)	30,024.	28,084.	1,436.	504.
12	Advertising and promotion	1,121.			504. 1,121.
13	Office expenses	1,331.	1,331.		
14	Information technology	7,389.	7,389.		A.W.S. V.1
15	Royalties	10,867.	10,867.		7993
16	Occupancy			THE STATE OF THE S	2444
17	Travel	310.	310.		
18	Payments of travel or entertainment expenses	371		* 14.	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	649.	649.		
20	Interest				
21	Payments to affiliates	***************************************			
22	Depreciation, depletion, and amortization	200.	200.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING AND PUBLICATIO	29,022.	29,022.		
b	POSTAGE AND FREIGHT ON	5,323.	5,323.		7190
0	MISCELLANOUS	1,880.	1,880.		
d	WORKSHOPS	453.	453.		***
	All other expenses	422.	400.		The country disks in the country of
25	Total functional expenses. Add lines 1 through 24e	237,900.	206,620.	20 655	1 605
<u>25</u> 26	Joint costs. Complete this line only if the organization	431,300.	200,020.	29,655.	1,625.
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

032010 12-23-20 Form **990** (2020) Assets

13

14

15

17

19

20

21

22

23

24

25

Liabilities

Net Assets or Fund Balances

30

31

32

ROCK CREEK RESEARCH & DEVELOPMENT LABS, INC. 31-0904716 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 74,475. 191,193. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Inventories for sale or use 12,662. 13,798. 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 1,000. b Less: accumulated depreciation ______ 10b 800. 600. Investments - publicly traded securities 11 1,381,465. 1,419,523. 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 1,469,402. 16 Total assets. Add lines 1 through 15 (must equal line 33) ... 1,625,114. 16 Accounts payable and accrued expenses 2,820. 17 Grants payable 18 18

Deferred revenue

Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

.....

trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Loans and other payables to any current or former officer, director,

1,625,114. Form 990 (2020)

1,622,294.

2,820.

1,622,294.

19

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21

22

23

24

25

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32

0.

1,469,402.

1,469,402.

1,469,402.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 96.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,46		
5	Net unrealized gains (losses) on investments	5	2	6,2	<u> 196.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,62	2,2	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		<u></u>
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ROCK CREEK RESEARCH & DEVELOPMENT LABS, INC.

Employer identification number

31-0904716 LABS, Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (i) Name of supported (iii) Type of organization (vi) Amount of other (ii) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		• •				
	membership fees received. (Do not						
	include any "unusual grants.")	144,311.	154,740.	157,729.	49,277.	123,069.	629,126.
2	Tax revenues levied for the organ-					-	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	144,311.	154,740.	157,729.	49,277.	123,069.	629,126.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				***************************************		
	Public support. Subtract line 5 from line 4.						629,126.
	ction B. Total Support						· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	144,311.	154,740.	157,729.	49,277.	123,069.	629,126.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				100 500	40 505	10= 000
	and income from similar sources	744400000000000000000000000000000000000			122,703.	12,585.	135,288.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	****					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						764 414
	Total support. Add lines 7 through 10					40	764,414.
	Gross receipts from related activities,	•	,			12	332,022.
13	First 5 years. If the Form 990 is for the organization, check this box and stop	-		·			
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (fl)	.]	14	82.30 %
	Public support percentage from 2019					15	82.81 %
	33 1/3% support test - 2020. If the o						
104	stop here. The organization qualifies	_					
b	33 1/3% support test - 2019. If the o						
_	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	·	viriow the organiza	
h	10% -facts-and-circumstances test	•			•		
	more, and if the organization meets th	•					•
	organization meets the facts-and-circu				•		
18	Private foundation. If the organizatio		-	-	- · ·		▶ □
						dule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						(1)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,		77.4				
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				-		
٠	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	or expended on its behalf						
E							
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that	I					
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b	<u> </u>					
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		7		1		
	ndar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses					}	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						VV
	or loss from the sale of capital	l					
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	A organization's fi	ret eacond third	fourth or fifth tax	voor as a soction F	(01/a)(2) organizati	
• •	check this box and stop here						on,
Sec	tion C. Computation of Publi	c Support Pe	rcentage			***************************************	
	Public support percentage for 2020 (li	····		oolumn (fl)		45	0/
	Public support percentage from 2019					15	
	ction D. Computation of Inves					16	<u>%</u>
				10l (6)		4-1	-
	Investment income percentage for 202					17	%
	Investment income percentage from 2	•				18	<u>%</u>
іуа	33 1/3% support tests - 2020. If the						/ is not
	more than 33 1/3%, check this box an				_		
	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	<u>ı did not check a l</u>	<u>box on line 14, 19a</u>	a, or 19b, check th	is box and see ins	tructions	

032023 01-25-21

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

 	Yes	No
1		
2		
3a		i.
3b		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9c		
10a		
10b		

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	ficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	a surfaced		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ĺ
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			ı
	significant voice in the organization's investment policies and in directing the use of the organization's			ı
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ı
Sec	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruments). The organization satisfied the Activities Test. Complete line 2 below.	uctions).		
b				
c		ty (soo instructio	nel	
2	Activities Test. Answer lines 2a and 2b below.	y (see instruction		No
a			163	140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	20		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		.	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		1	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.0		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifyi			art VI). See instructions.
All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):		. 1	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		77 P. C.
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		- 100 Market
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	VAC	
7 Check here if the current year is the organization's first as a non-functional		ed Type III supporting organ	nization (see
instructions).	, 5	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 LABS, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

1 4	it v Type in Non-1 directionally integrated 303	day(s) supporting orga	arrizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1	101 10101111	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		AN ANTALA	
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
	From 2016	3.7.5.7.		150 3 150 150 150 150 150
	From 2017			N. A.
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years	20.00	***************************************	
	Applied to 2020 distributable amount			
<u>:-</u> i	Carryover from 2015 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
•	line 7: \$			
а	Applied to underdistributions of prior years		······································	
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			A sept 1
6	Remaining underdistributions for 2020. Subtract lines 3h			
Ĭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	ENGOGO HOIH EUEU	i .		1

Schedule A (Form 990 or 990-EZ) 2020

ROCK CREEK RESEARCH & DEVELOPMENT

Dort M	(Form 990 or 990-EZ) 2020 LABS,		31-0904716 Page
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4	4b. 4c. 5a. 6. 9a. 9b. 9c. 11a. 11b. and	Part II, line 10; Part II, line 17a or 17b; Part III, line 12; di 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, da, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, demplete this part for any additional information.
	AMARA MARANA		
19 VIII			
	***************************************	71.5-75-11-AT.	
	- Marian	P.S	

		WWW.	
		*	
V. 1			
		- VII VII VIII VIIII VIII VIII VIII VIII VIII VIII VIIII	75.444.
		WAS A	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

ROCK CREEK RESEARCH & DEVELOPMENT

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

I	ABS, INC.	31-0904716
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	r is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou Z, line 1. Complete Parts I and II.	or 16b, and that received from
	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	
literary, or educat	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so cional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ob) instead of the contributor name and address), II, and III.	
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it like, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., received <i>nonexclusively</i>
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

ROCK CREEK RESEARCH & DEVELOPMENT

LABS, INC.

Employer identification number

31-0904716

Part I	Contributors	(see instructions)	Use duplicate copies of Part I if additional space is needed.
--------	---------------------	--------------------	---

		,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$, 5,210.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Poncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ROCK CREEK RESEARCH & DEVELOPMENT LABS, INC.

31-0904716

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _ _ \$	

Name of organization Employer identification number ROCK CREEK RESEARCH & DEVELOPMENT LABS 31-0904716 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

ROCK CREEK RESEARCH & DEVELOPMENT

Employer identification number 31-0904716

LABS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1 Total number at end of year 2 Aggregate value of grants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets fold in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisation problems to the organization funds are included in the preservation of a conservation assements held by the organization (heck all that apply). Proservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of pen space			(a) Donor advised funds	(b) Fu	nds and other accounts
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefits? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization of education) Preservation of a historically important land area Protection of natural habitat Preservation of land for public use (for evample, recreation or education) Preservation of a conservation easement on the last of the tax year. 2 Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last of the tax year. 3 Total number of conservation easements 2a 4 Number of conservation easements 2a 5 Total acreage restricted by conservation easements 2a 6 Number of conservation easements on a certified historic structure included in (a) 2c 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Purpose of states where properly subject to conservation easement is located Purpose P	1	Total number at end of year			
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9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X	8	Does each conservation easement reported on line 2(d) above so	atisfy the requirements of section 170(I	n)(4)(B)(i)	
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(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$		art, historical treasures, or other similar assets held for public ext	nibition, education, or research in furthe	erance of p	ublic service,
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	2				
a Revenue included on Form 990, Part VIII, line 1	_	•	·	J , - · · · · ·	
	а	- · · · · · · · · · · · · · · · · · · ·	-		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

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Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or	Othe	r Similar A	ssets(cont	inued)
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that i	make si	gnificant use	of its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program	า			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other	similar	assets		
	to be sold to raise funds rather than to be m						Yes	No_
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Y	es" on l	Form 990, Pai	rt IV, line 9, c	or
	reported an amount on Form 990, Part X, line 21.							
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included							
on Form 990, Part X?						Yes	No	
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:			r		
							Amour	<u>nt </u>
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance	***************************************				1f	Patricularity	
	Did the organization include an amount on F					y?	. L Yes	L No
	If "Yes," explain the arrangement in Part XIII.							<u>. LJ</u>
Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years I	oack (e) Fou	ır years back
	Beginning of year balance	1,167,828.	1,000,000.					
b	Contributions			1,000,	000.			
	Net investment earnings, gains, and losses	19,968.	171,066.	7,	043.			
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs			7,	043.			
f	Administrative expenses	3,419.	3,238.					
g	End of year balance	1,184,377.	1,167,828.	1,000,	000.			
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	i)) held as:				
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment >	%						
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administere	d for the	e organizatior	ı	
	by:							Yes No
	(i) Unrelated organizations							X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par								
	Complete if the organization answered						1	
	Description of property	(a) Cost or oti	1 . ,			cumulated	(d) Boo	ok value
		basis (investm	ent) basis	other)	depr	reciation		
	Land							
	Buildings							
	Leasehold improvements	1				·		
	Equipment	i		1,000.		400.		600.
	Other							
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part λ	(, column (B), line 1	0c.)		>	<u> </u>	<u>600.</u>
						Sche	dule D (Forr	n 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-year market valu
) Financial derivatives	(2) 2000 14.00	(b) Metrica of Valdation. Cost of end-	or-year market valu
Closely held equity interests			
Other			
(A)		10100	
(B)	W		
(C)		W	-
(D)			
(E)			

(F)			
(G) (H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" (on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)	****		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 990 Part IV line 1	1d See Form 990 Part Y line 15	
	Description	Td. Gee Form 930, Fart X, line 13.	(b) Book value
(1)			(b) Dook value
(2)			
(3)			
	AND SAFETY OF THE SAFETY OF TH		***************************************
(4)	- Market		
(5)			
(6)	7.00		
7)	-10.5.A		
(8)		27-70014	
9)			
* * * * * * * * * * * * * * * * * * *			
al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or			
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			(b) Book value
nt X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
nt. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability The property of the column of the co			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line urt X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability 1) Federal income taxes 2)			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability 1) Federal income taxes 2)			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability 1) Federal income taxes 2) 3) 4)			(b) Book value
Al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7)			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7)			(b) Book value
II. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7) 8)	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line Int X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7)	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	

Schedule D (Form 990) 2020

4c

31-0904716 Page 4

d Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.)

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	VIII.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1	
С	Add lines 4a and 4b		4c	
5	The state of the s			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dar	+ VIII Cumplemental Information		5	

Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

c Add lines 4a and 4b

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

A value integral (Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

ROCK CREEK RESEARCH & DEVELOPMENT

Employer identification number

LABS, INC.	Employer identification number 31-0904716
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW	AND APPROVAL PRIOR
TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON WRITTEN
REQUEST RECEIVED FROM THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	28,084.
MANAGEMENT AND GENERAL EXPENSES	1,436.
FUNDRAISING EXPENSES	504.
TOTAL EXPENSES	30,024.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	30,024.
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	NATIONAL PROPERTY OF THE PROPE